

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 2-3-04.

I. DISPUTE

Whether there should be reimbursement for CPT codes: 95925, 95904, 95903, 95934 and 95861 rendered on 8-1-03.

II. FINDINGS

1. The insurance carrier submitted a timely response to the request for medical dispute resolution.
2. On April 16, 2004, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

III. RATIONALE

No EOB: Neither party in the dispute submitted EOBs for some of the disputed services identified above. Since the insurance carrier did not raise the issue in their response that they had not had the opportunity to audit these bills and did not submit copies of the EOBs, the Medical Review Division will review these services per *Medical Fee Guideline*.

On 4-16-04, the requestor withdrew CPT code 95925 from the dispute.

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$ (Maximum Allowable Reimbursement)	Reference	Rationale
8-1-03	95904 (6)	\$660.00	\$164.58	G	\$54.86 / nerve	CPT Code Descriptor	Nerve sensory study was not global to any other service performed on this date. The requestor tested both extremities. Reimbursement of \$54.86 X 3 = \$164.58.
8-1-03	95903 (4)	\$480.00	\$267.60	G	\$71.70 / nerve TWCC60 indicates \$51.00 in dispute.	CPT Code Descriptor	Nerve motor study was not global to any other service performed on this date. The requestor tested both extremities. The respondent contends that 3 nerves were reimbursed. Per TWCC60 \$267.60 was paid. 4 test X \$71.70 = \$286.80. \$286.80 minus \$267.60 = \$19.20. Reimbursement of \$19.20 is recommended.

8-1-03	95934 (6)	\$520.00	\$0.00	No EOB	\$42.21	CPT Code Descriptor MAR	MAR reimbursement of 6 X \$42.21 = \$253.26.
8-1-03	95861	\$300.00	\$0.00	R	\$131.08	Section 408.027(d)	The insurance carrier failed to file a TWCC-21 disputing the compensability of treatment; therefore, service will be reviewed and MAR reimbursement of \$131.08 is recommended.
TOTAL							The requestor is entitled to reimbursement of \$568.12.

IV. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT code 95934, 95861, 95904, 95903 in the amount of **\$568.12**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$568.12** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 22nd day of September 2004.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division